

NOTICE OF CHANGE C-36 (10/06)

Complete all items applicable to your organization, trade, business or employment in Vermont.

**Nature of Change:** ☐ Change of Address/Trade Name ☐ Complete Part A, D & E ☐ Ceased Employment ☐ Complete Part B, D & E  
☐ Sale/Lease/Reorganization of Business ☐ Complete Part C, D, E

<b>A</b>	<b>CHANGE OF ADDRESS/TRADING AS:</b> Corrections to Name and/or Address of record. <b>(NO CHANGE IN OWNERSHIP OR BUSINESS TYPE)</b> Name: _____ Contact: _____ Trading As: _____ Telephone: _____ Address: _____ Fax & Email: _____																			
	<b>CEASED EMPLOYMENT</b> Date Employment Ended: _____ Final Pay Date: _____ <input type="checkbox"/> No Longer have Vermont Employees Explain: _____ <input type="checkbox"/> Discontinued operations in Vermont Explain: _____ <input type="checkbox"/> Out of Business Reason: <input type="checkbox"/> Ceased Business / Closed <input type="checkbox"/> Filed for Bankruptcy <input type="checkbox"/> Foreclosure Location of all employment records: Address: _____ Contact: _____ Telephone: _____ Fax: _____ Email Address: _____ <b>If your business is a Corporation, are your officers receiving any wages or draws after the effective date?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																			
<b>B</b>	<b>SALE / LEASE / REORGANIZATION OF BUSINESS (PLEASE PROVIDE THE FOLLOWING INFORMATION)</b> 1. Date of Change _____ 2. Date Final Wages Paid _____ 3. Nature of change: <i>(Please specify)</i> <input type="checkbox"/> <b>ALL</b> of Vermont Business Sold <input type="checkbox"/> <b>PART</b> of Vermont Business Sold <input type="checkbox"/> <b>ALL</b> of Vermont Business Leased <input type="checkbox"/> <b>PART</b> of Vermont Business Leased <input type="checkbox"/> Reorganization of Vermont Business 4. Did you retain title or control of any assets? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If "Yes"</i> <input type="checkbox"/> ALL <input type="checkbox"/> PART (Specify percentages below)																			
	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;">LAND</td><td style="width: 10%;">BUILDINGS</td><td style="width: 10%;">INVENTORY</td><td style="width: 10%;">MACHINERY</td><td style="width: 10%;">VEHICLES</td><td style="width: 10%;">OFFICE EQUIPMENT</td><td style="width: 10%;">FURNITURE &amp; FIXTURES</td><td style="width: 10%;">ACCOUNTS RECEIVABLE</td><td style="width: 10%;">FRANCHISE</td><td style="width: 20%;">OTHER-SPECIFY TYPE &amp; PERCENTAGE ON ATTACHED SHEET.</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 5. Other Assets retained: _____ Percentage Retained: _____% 6. Enter the complete name, trading as, address and telephone number of the new owners/operators of the business: Legal Business Name _____ Trading As _____ Mailing Address _____ City, State, Zip _____ Contact: _____ Telephone Number: _____ Email Address: _____ 7. Is there any common ownership between the two businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, attach explanation.</i>	LAND	BUILDINGS	INVENTORY	MACHINERY	VEHICLES	OFFICE EQUIPMENT	FURNITURE & FIXTURES	ACCOUNTS RECEIVABLE	FRANCHISE	OTHER-SPECIFY TYPE & PERCENTAGE ON ATTACHED SHEET.									
LAND	BUILDINGS	INVENTORY	MACHINERY	VEHICLES	OFFICE EQUIPMENT	FURNITURE & FIXTURES	ACCOUNTS RECEIVABLE	FRANCHISE	OTHER-SPECIFY TYPE & PERCENTAGE ON ATTACHED SHEET.											
<b>C</b>																				
	<b>SECTION C CONTINUED ON PAGE 2</b>																			

8. Will the new entity continue to operate this business?      ☐ Yes      ☐ No      If No, Explain:

---

---

9. Will you continue to pay wages after the change to your business occurs?      ☐ Yes      ☐ No

If "Yes", please provide reason: \_\_\_\_\_  
\_\_\_\_\_

10. Will you continue to operate a business under this legal entity?      ☐ Yes      ☐ No

If "Yes", please give the name and the nature of the business retained/continued: \_\_\_\_\_  
\_\_\_\_\_

11. Will you be starting a new business under this legal entity?      ☐ Yes      ☐ No

If "Yes", provide the following:      Name of Business: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_ Start Date: \_\_\_\_\_ Date First Wages to be Paid: \_\_\_\_\_

12. Will direction and control of the business remain the same?      ☐ Yes      ☐ No

**FOR LEASED BUSINESS ONLY**

13. Did the title to any assets go to the lessee?      ☐ Yes      ☐ No      If, "Yes", please provide information on the assets:

---

---

---

14. Please describe in detail the nature of the leased business:

---

---

---

15. Please describe any other changes not specified above: \_\_\_\_\_

---

---

---

**I CERTIFY THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_